2007 NC-SNAP Examiner Training Registration Form

Training Date Requested: _____

Training Location: _____

Agency Requesting Training: _____

Referring LME: _____

LME Training Coordinator: _____

Note: The data on this form is pasted into a database and then used to generate class sign-in sheets, examiner certification cards and mailing labels.
Please type all information as it should appear on a mailing label.

Name (Please Do Not use all caps)	Job Title/Agency Name (please list job title, agency name)	Phone Please format as (999) 999-9999	Business Address (required for delivery of certification cards)	
			Street	City, State, Zip

Please note that NC-SNAP examiner certification is only available to persons who will be responsible for completing or reviewing NC-SNAP assessments as part of their job responsibilities and who meet minimum qualifications as established by the LME.

As such, NC-SNAP examiner certification is available by LME referral only (i.e., provider agencies should email training requests to the LME's NC-SNAP training coordinator for approval (PLEASE DO NOT FAX REGISTRATION FORMS).

LME NC-SNAP training coordinators should forward approved registration requests to the preferred training site after careful review of the applicants' qualifications.